

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 593317

FILING DATE

9.19.06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4		①		1		
5		①		1		
6		①		1		
7				1		
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47				1		
48				1		
49				1		
50				1		
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.		←	1	←		←
TOTAL CLAIMS			1			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						